## COUNTY FARM LABOR CONTRACTOR REGISTRATION

NGANHA "HA" DANG AGRICULTURAL COMMISSIONER SEALER OF WEIGHTS AND

MEASURES

**CAP REFERENCE NUMBER:** 



## **COUNTY OF SAN DIEGO**

DEPARTMENT OF AGRICULTURE, WEIGHTS AND MEASURES 9325 Hazard Way, Suite 100, San Diego, CA 92123-1217 WWW.SDCAWM.ORG



## PESTICIDE REGULATION PROGRAM

(858) 694-8980 FAX (858) 467-9277

**DATE PRINTED: 11/8/2013** 

2014 REGISTRATION YEAR	REGISTRATION EXPIR	ATION DA	TE 12/31/2014
STATE ISSUED FLC LICENSE NUMBER  CONTRACTOR LICENSE EXPIRATION DATE	US Department of Labor FARM LA	ABOR Contractor	Registration (IF APPLICABLE)
Check here if contact information has changed. Please indicate changes on reverse side.  *THIS FORM MUST BE ACCOMPANIED BY A \$75.00 FEE*			
FARM LABOR CONTRACTOR BUSINESS INFORMATION			
CONTRACTOR'S BUSINESS NAME		BUSINESS .	TELEPHONE NUMBER
BUSINESS ADDRESS		BUSINESS FAX NUMBER	
CITY		STATE	ZIP CODE
CONTRACTOR'S E-MAIL ADDRESS (If applicable)			
FARM LABOR CONTRACTOR INFORMATION			
CONTRACTOR'S NAME		CONTRACT	OR'S TELEPHONE NUMBER
CONTRACTOR'S ADDRESS (If different)		CONTRACTOR'S FAX NUMBER	
CITY		STATE	ZIP CODE
REGISTRATION CONDITIONS AND WORKER SAFETY INFO	RMATION REVIEWED AND REC	EIVED	☐ Yes ☐ No
How would you like your form returned to you?	☐ Mail	☐ E-mail	☐ Fax
I certify the above information is correct and that I have received County of San Diego, Agricultural Commissioner listed above, a employees in the area of Worker Safety. (A-9 PSIS)			
**Copy of Registration MUST be Available at EVERY Crew Location.			
		\$	
FARM LABOR CONTRACTOR'S SIGNATURE	DATE	RE	GISTRATION FEE RECEIVED
AGRICULTURAL COMMISSIONER'S SIGNATURE	FOR HA DANG	INSP#	DATE